

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Eden Lei's	CHAPTER 100.1
Address: 94-1095 Lumiaina Street, Waipahu, Hawaii 996797	Inspection Date: April 26, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

RECEIVED  
APR 17 2 31 PM  
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u>  Resident #1, no evidence of signature by the family upon admission (1/17/19) or to date (4/26/19) to complete the facility general operational policy/written agreement.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>notified Resident #1 daughter that the signed paper is with her and she returned it back</i></p>	<p><i>4/29/19</i></p>

19 JUL 17 13:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence of signature by the family upon admission (1/17/19) or to date (4/26/19) to complete the facility general operational policy/written agreement.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) sit with family to discuss  GOP  2 Ask family to sign to 2 copies  3 PCG also sign to 2 copies  4 Attach 1 copy to the checklist  5 ask signature before family leaves  6 File before family leave</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission.            Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no evidence of a physician determination of the level of care (LOC) upon admission or to date available.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident was discharged to home 6/30/19</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence of a physician determination of the level of care (LOC) upon admission or to date available.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1.) list of requirements (my admission checklist) to the family before admission  2 explain to the family that the level of care is assessed by PCP/APRN  3 will establish the rate for services using the level of care for services</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, special diet not provided as ordered. Primary care giver assessment (1/17/19) reads, "<u>Regular diet</u>" and Case Manager Assessment (1/17/19) reads, "<u>Regular diet</u>" Special diet order (12/27/19) reads, "<u>Regular, chopped diet.</u>"</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident was discharged to home 6/30/19</p>	<p>19 JUN 17 P3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, special diet not provided as ordered. Primary care giver assessment (1/17/19) reads, "<u>Regular diet</u>" and Case Manager Assessment (1/17/19) reads, "<u>Regular diet</u>" Special diet order (12/27/19) reads, "<u>Regular, chopped diet.</u>"</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. I carefully read diet order to identify the texture and type of food ordered</p> <p>2. if order is not clear will call Dr. for clarification and get verbal order</p> <p>3. if I'm having hard time will call nurse consultant or dietician for help</p>	<p>7/17/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemical spray "Glade" unsecured on handrail in the resident living room.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>At present and future always secure toxic spray in locked cabinets I removed glade from the handrail and put it back to the locked cabinet</p>	<p>7/17/19</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Toxic chemical spray "Glade" unsecured on handrail in the resident living room.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>in the future I presently always keep them in a locked cabinet after used before the end of the day will check the surroundings for any toxic spray and put them in locked cabinet.</p>	<p>7/17/19</p> <p>19 JUL 17 P3:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication container(s) <u>unsecured</u> and or <u>not properly labeled</u> as follows:</p> <ol style="list-style-type: none"> <li>1. Secured in locked medication cabinet: <ol style="list-style-type: none"> <li>a. Order reads, "Ducosate Sodium 100 mg i po QD, hold for loose stools." However, no label for order of container.</li> <li>b. Order reads, "Acetaminophen 325 mg ii po Q 4 hours PRN for fever or pain." However, no label for order on container.</li> </ol> </li> <li>2. Unsecured in bedroom dresser drawer: <ol style="list-style-type: none"> <li>a. No order for "Refresh" eye drops; Container marked with resident's name.</li> </ol> </li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="font-size: 1.5em; text-align: center;">All these containers were removed when resident was discharged</p>	<p>7/17/19</p> <p style="text-align: right;">19 JUL 17 PM 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication container(s) <u>unsecured</u> and or <u>not properly labeled</u> as follows:</p> <ol style="list-style-type: none"> <li>1. Secured in locked medication cabinet: <ol style="list-style-type: none"> <li>a. Order reads, "Ducosate Sodium 100 mg i po QD, hold for loose stools." However, no label for order of container.</li> <li>b. Order reads, "Acetaminophen 325 mg ii po Q 4 hours PRN for fever or pain." However, no label for order on container.</li> </ol> </li> <li>2. Unsecured in bedroom dresser drawer: <ol style="list-style-type: none"> <li>a. No order for "Refresh" eye drops; Container marked with resident's name.</li> </ol> </li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) in the future always make sure medicines are in locked cabinet label with Resident name frequency strength</p> <p>2) always make sure it's in locked cabinet; discuss with family to get prescription before can make it available for resident use.</p>	<p>7/17/19</p> <p style="text-align: right;">19 JUL 17 P3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, order reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 130". MAR reflects this order; however medication was given as follows:</p> <ol style="list-style-type: none"> <li>1. On 1/21/19, SBP was 126, medication given</li> <li>2. On 1/24/19, SBP was 120, medication given</li> <li>3. On 1/25/19, SBP was 122, medication given</li> <li>4. On 1/28/19, SBP was 128, medication given</li> </ol>	<p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 01/24 12:27</p> <p>REC'D/27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, order reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 130". MAR reflects this order; however medication was given as follows:</p> <ol style="list-style-type: none"> <li>1. On 1/21/19, SBP was 126, medication given</li> <li>2. On 1/24/19, SBP was 120, medication given</li> <li>3. On 1/25/19, SBP was 122, medication given</li> <li>4. On 1/28/19, SBP was 128, medication given</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) in the future request the ordering physician to include parameter in the bottle label 2 write b/p by MAR</p>	<p>5/8/19</p> <p>19 MAY 24 12:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1, medication discontinued; however, <u>no order available to discontinue medication</u>. For example:</p> <ol style="list-style-type: none"> <li>1. Signed order (12/27/18) reads, "Tamsulosin (Flomax) 0.4 mg 1 capsule."</li> <li>2. Medication administration record (MAR) reflects order.</li> <li>3. MAR shows medication not available on 1/30/19 and not listed on the MAR after this date.</li> </ol>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>5/10/19 Resident #1 get an appointment with her PCP so I explained that he needs to DC for he order it before.</p> <p>order to discontinue filed in record.</p>	<p>5/10/19</p> <p>19 JUL 17 P3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication discontinued; however, <u>no order available to discontinue medication</u>. For example:</p> <ol style="list-style-type: none"> <li>1. Signed order (12/27/18) reads, "Tamsulosin (Flomax) 0.4 mg 1 capsule."</li> <li>2. Medication administration record (MAR) reflects order.</li> <li>3. MAR shows medication not available on 1/30/19 and not listed on the MAR after this date.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I have to double check the list of medications before we leave the Doctors premises, to make sure what need to continue giving and what to discontinue was discussed with the Dr and recorded in his signed order</p>	<p>7/17/19</p> <p>19 JUL 17 PM 17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b> Resident #1, clarification needed for a diet order dated 1/30/19 (soft or pureed diet) that is unclear, incomplete, conflicting. No evidence of a request for clarification.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Asked PCP to clarify diet order 5/8/19 and he put it mechanical soft before I can clarify this order Resident was discharged to home.</p>	<p>7/17/19</p> <p>19 JUL 17 P3:17</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b> Resident #1, clarification needed for a diet order dated 1/30/19 (soft or pureed diet) that is unclear, incomplete, conflicting. No evidence of a request for clarification.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) I carefully read diet order to identify the texture and type of food ordered</p> <p>2. if order is not clear will call Dr. for clarification and get verbal order</p> <p>3 if I'm having hard time will call nurse consultant or dietician for help.</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1, clarification needed for a medication order. Order reads, Order reads, "Docusate Sodium 100 mg i po QD, hold for loose stools." However, April MAR reads medication held daily. PCG states medication not needed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident was discharge</i></p>	<p><i>7/17/19</i></p> <p>19 JUL 17 PM 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1, clarification needed for a medication order. Order reads, Order reads, "Docusate Sodium 100 mg i po QD, hold for loose stools." However, April MAR reads medication held daily. PCG states medication not needed.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>when resident will get side affect with medication will put it in my record and notify her family and physician as well</p>	<p>7/17/19</p> <p>19 JUN 17 P3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u>  Resident #1, Case Manager Assessment did not accurately reflect the diet order on 12/27/18 (Regular Chopped Diet) and instructions (Regular NDDS/ Chopped Texture, Thin Liquids) dated 1/17/19. Care plan indicates the resident has a "Regular" diet. No plan to address a special diet available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident discharged</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1, Case Manager Assessment did not accurately reflect the diet order on 12/27/18 (Regular Chopped Diet) and instructions (Regular NDDS/ Chopped Texture, Thin Liquids) dated 1/17/19. Care plan indicates the resident has a "Regular" diet. No plan to address a special diet available.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) Show the diet order to the case manager, and ask her to include it in her Care plan</p> <p>2. read care plan if the Dr order is included</p> <p>3 if the care plan doesn't match the order call CM to revise and I will make a note in my progress note</p>	<p>7/17/19</p> <p>19 JUL 17 PM 3:47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u>  (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  care plan for hypertension was not established or updated to reflect the parameter orders as follows:</p> <ol style="list-style-type: none"> <li>1. <u>Initial Care Plan</u>  Order on 12/27/18 reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 130."  Care plan dated 1/17/19 reads, "Check BP/HR daily, before BP meds administration. Follow parameters. Hold if SBP below 100 mmHg."</li> <li>2. <u>Revised Care Plan</u>  Order on 3/4/19 reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 110."  Care plan updated on 3/4/19 reads, "Losartan parameters change to hold if SBP &lt; 100."</li> </ol>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident was discharged</p>	<p>7/17/19</p> <p>19 JUL 17 P3:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u>  (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1, care plan for hypertension was not established or updated to reflect the parameter orders as follows:</p> <ol style="list-style-type: none"> <li><u>Initial Care Plan</u>  Order on 12/27/18 reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 130."  Care plan dated 1/17/19 reads, "Check BP/HR daily, before BP meds administration. Follow parameters. Hold if SBP below 100 mmHg."</li> <li><u>Revised Care Plan</u>  Order on 3/4/19 reads, "Losartan (Cozaar) 100 mg 1 po QD hold for SBP &lt; 110."  Care plan updated on 3/4/19 reads, "Losartan parameters change to hold if SBP &lt; 100."</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) show the medication with parameter to CM and ask her to include in her care plan.</p> <p>2) read care plan if the order is included.</p> <p>3 if the care plan doesn't match the order call CM to revise and will make a note in my progress note</p>	<p>19 JUL 17 P 3:17</p>

Licensee's/Administrator's Signature: Editha L. Galacgac

Print Name: Editha L. Galacgac

Date: 5/20/19

Licensee's/Administrator's Signature: Editha L. Galacgac

Print Name: Editha L. Galacgac

Date: 7/17/19

19 MAY 24 P2:28  
STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING